



CENTRAL CAMPBELL FIRE DISTRICT



4113 Alexandria Pike

Cold Spring, KY 41076

Office: 859-441-7631, Fax: 859-781-5115

APPLICATION FOR MEMBERSHIP

APPLICANT INFORMATION

Name: _____

(LAST)

(M.I.)

(FIRST)

Address: _____

(#, STREET)

(APT #)

(CITY, STATE, ZIP)

Phone: () _____ - _____ () _____ - _____

(HOME)

(CELL)

E-Mail: _____

Date of Birth: ____/____/____

Social Security #: ____ - ____ - ____

Are you a citizen of the United States of America? Yes No

Do you possess a valid Driver's License? Yes No

State: _____ Driver's License Number: _____ Exp. Date: ____/____/____

Preferred Method of Contact: HOME CELL EMAIL

Check the areas of responsibility you are interested in:

Fire Suppression

Pre-hospital Emergency Medicine (EMS)

Hazmat/Specialized Rescue

Have you ever been convicted of a Felony or are in current litigation over felony charges?

Yes No

If YES, please explain. You may further explain on the back side of this sheet. You also may be contacted by a Fire Department Official regarding further explanation as to events and information surrounding the charges brought against you. This information may be relevant but will not necessarily bar you from membership.

Have you received any traffic violations within the past year? Again, this will not necessarily bar you from membership.

Yes No

OCCUPATIONAL BACKGROUND

Please list your most recent employment starting with your current employer if applicable.

Company Name: _____ Job Title: _____

Supervisor: _____ Phone Number: () _____ - _____

Date of Employment: ____/____/____ thru ____/____/____ May we contact the employer: Yes/No

Company Name: _____ Job Title: _____

Supervisor: _____ Phone Number: () _____ - _____

Date of Employment: ____/____/____ thru ____/____/____ May we contact the employer: Yes/No

Company Name: _____ Job Title: _____

Supervisor: _____ Phone Number: () _____ - _____

Date of Employment: ____/____/____ thru ____/____/____ May we contact the employer: Yes/No

Company Name: _____ Job Title: _____

Supervisor: _____ Phone Number: () _____ - _____

Date of Employment: ____/____/____ thru ____/____/____ May we contact the employer: Yes/No

EDUCATIONAL BACKGROUND

Level	School Name	School Location	Did you Graduate?	Degree Earned
High School				
College				
Other				

⇒ PLEASE ENCLOSE A COPY OF YOUR HIGH SCHOOL DIPLOMA, GED, AND/OR COLLEGE DIPLOMA(S) IF APPLICABLE

RELATED FIRE/EMS BACKGROUND

If you have related Fire/EMS experience and certifications, please list below and make copies of other pertinent licenses/certifications you may currently hold, and turn them in with your application. If not applicable then skip this section.

EMS

CPR: _____ Expiration: _____

EMT: _____ License Number: _____ Expiration: _____ State: _____

Paramedic: _____ License Number: _____ Expiration: _____ State: _____

Other Medical Certifications: _____

FIRE

What State do you have fire certifications from? _____

IFSAC _____ IFSAC _____
 FFI: _____ FFII: _____ Inspector: _____ Instructor: _____ (Level 1/2)

Are you Kentucky State Certified: 150 hour Firefighter Level -- Yes/No, 400 hour Firefighter Level -- Yes/No

List any other certifications you feel are pertinent to the position you are applying for and provide copies:

- | | |
|-----------|-----------|
| 1). _____ | 2). _____ |
| 3). _____ | 4). _____ |
| 5). _____ | 6). _____ |
| 7). _____ | 8). _____ |

REFERENCES

Please provide four personal references, only one may be of relation, while the other three must be of non-relation.

Name	Address	Phone #	How are you Acquainted?	Years Acquainted
1.				
2.				
3.				
4.				

EMERGENCY CONTACTS

Please list the person(s) you want contacted if an emergency were to arise.

	Primary	Secondary	Other
Name			
Relationship			
Phone #			
Alt. Phone #			

DEPARTMENT TRAINING/CLASSES

It is a requirement that all new volunteer firefighter recruits, whom have not achieved the 150 hour Kentucky Firefighter certification, employed by the Central Campbell County Fire District must attend a department approved Fire Training Academy. Currently this academy is the Kenton County Fire Training Academy. Times for the academy may vary but presently are scheduled twice a year for Monday and Thursday nights, 6p-10p. Occasional training



will be performed during Saturdays and Sundays at various times. Are you able to attend the academy? **Yes**
No

If No, please provide reason(s) why you cannot attend: _____

Sometimes the Central Campbell Fire District requests or requires individuals to receive specific training. It is well understood that prior commitments or outside jobs (especially for volunteers) can dictate your schedule. Other than attending regular fire drills, are you willing to attend specific fire schools/training to excel your knowledge and gain certifications, on a nightly or weekend basis? **Yes** **No**

If No, please explain reasons you cannot attend: _____

WAIVER FOR BACKGROUND CHECK

- Fill out the State Background Form in its entirety leaving the "Organization Name & Address" and "Witness" lines blank. This will be filled out by Fire Department personnel.
- Press Ctrl and click to access the link below

http://www.kentuckystatepolice.org/pdf/fars_rev.pdf

OPTIONAL. In the space below, please provide any pertinent information or history about yourself that you feel may be beneficial for our department to understand your personality, ambitions, or qualities. It does not necessarily need to be related to the fire service but just some brief information related to you. *(If you do not write anything down it will not be held against you).*

APPLICATION CHECKLIST

Please provide copies of the following and follow the checklist for application completion.

- Is the Application Complete?
- Provide Copy of Birth Certificate?
- Provide Copy of High School Diploma or GED?
- Provide Copy of Driver's License?
- Provide Copy of EMT/Paramedic Certifications if applicable?
- Provide Copy of all applicable Firefighter Certifications?
- Provide Copy of Physical by Family Physician (Or physicians statement)?
(Fit for Duty Physical)
- Waiver for Background Check Complete?